

# MONTAGUE HEALTH DEPARTMENT

ONE AVENUE A · TURNERS FALLS, MA 01376

TELEPHONE 413 - 863 - 3200 EXT 205 • FAX 413 - 863 - 3225

GINA MCNEELY, R.S.
DIRECTOR OF PUBLIC HEALTH

FEE: Call the Board of Health Office at (413) 863-3200 ext. 205

### TEMPORARY FOOD PERMIT APPLICATION

## DUE 14 DAYS BEFORE EVENT - NO EXCEPTIONS

## No home prepared foods shall be sold at any temporary food establishment

| Na  | me of Event / Location:   |  |  |  |  |  |
|-----|---|--|--|--|--|--|
| Es  | tablishment Name:   |  |  |  |  |  |
| Ov  | vner Name:  |  |  |  |  |  |
|     | vner Complete Address:  |  |  |  |  |  |
| Ov  | vner Phone #:   |  |  |  |  |  |
| Dat | re(s) of Event/Hours of Operation ————————————————————————————————————  |  |  |  |  |  |
| 1.  | Before completing this application please read "Food Safety at Temporary Events and the Temporary Food Establishment" and the "Are You Ready?" checklist. (BOTH ARE ENCLOSED) |  |  |  |  |  |
|     | Have you read this material and do you understand this material? (Circle one) YES NO  |  |  |  |  |  |
| 2.  | Menu: List all items you intend to serve. Any changes must be submitted and approved by the Board of Health at least 5 days prior to the event.                               |  |  |  |  |  |
| -   |   |  |  |  |  |  |
|     |   |  |  |  |  |  |
| -   | Will all foods he prepared at the temperary food establishment heath?   |  |  |  |  |  |

- Will all foods be <u>prepared</u> at the temporary food establishment booth?
  - YES 1. Fill out Section B below.
  - NO 2. Fill out both A and B below

Include dates and times of food preparation and attach a copy of the BASE OF OPERATIONS food permit.

3. List each food item prepared, and for each item check which preparation procedure will occur.

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DATE FOOD ITEM THAW CUT/ COOK COLD REHEAT HOT ASSEMBLE HOLDING

#### SECTION B: At the booth:

| FOOD ITEM | THAW | CUT/<br>ASSEMBLE | СООК | COLD<br>HOLDING | REHEAT | HOT HOLDING |
|-----------|------|------------------|------|-----------------|--------|-------------|
|           |      |                  |      |                 |        |             |
|           |      |                  |      |                 |        |             |
|           |      |                  |      |                 |        |             |
|           |      |                  |      |                 |        |             |
|           |      |                  |      |                 |        |             |

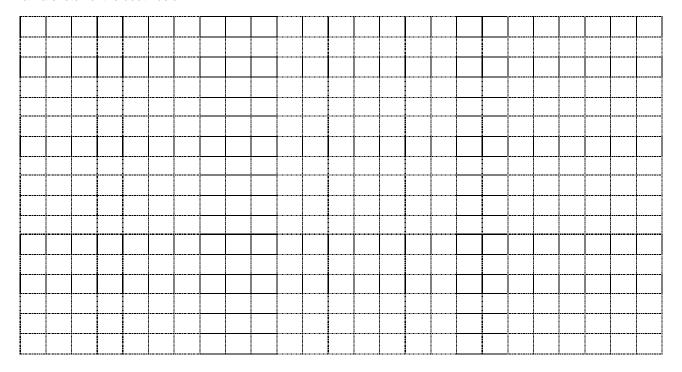
Note: If your food preparation procedures cannot fit into the above tables, please list all of the steps in preparing each menu item on an attached sheet.

| 5. | Food source(s): list food suppliers: |
|----|--------------------------------------|
|    | Source and storage of water/ice:     |
|    | Storage and disposal of wastewater:  |
|    | Storage and disposal of trash:       |

Means for Handwashing: MUST HAVE <u>RUNNING</u> HOT WATER, SOAP AND PAPER TOWELS (MAY USE INSULATED URN WITH SPIGOT AND HEATED WATER)

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6. Draw a sketch of the booth below.



I certify that I am familiar with 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments - Article X and the above described establishment will be operated and maintained in accordance with the regulations.

- Application fee is nonrefundable
- Fee due with application

NO PERMIT WILL BE ISSUED UNLESS A COPY OF YOUR FOOD MANAGER TRAINING CERTIFICATE ACCOMPANIES THE APPLICATION. THE TRAINING MUST BE ONE THAT IS RECOGNIZED BY THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH.

| Applicant's Signature     |              | Date          |  |  |  |
|---------------------------|--------------|---------------|--|--|--|
| Office use Only: PERMIT # | Date Issued: | Date Expires: |  |  |  |

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